

SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:

Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

Permit #:	12-0380
Date:	9-26-12
Amount Paid:	
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning.asp](http://www.bayfieldcounty.org/zoning.asp))

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input checked="" type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER	
Owner's Name:		Mailing Address:		City/State/Zip:		Telephone:			
Donald & Barbara Henderson		13235 Kavanagh Rd.		Cable, WI 54821		798-3753			
Address of Property:		City/State/Zip:		Cable, WI 54821		Cell Phone:			
47748 Co. Hwy D		Contractor Phone:		Plumber:		Plumber Phone:			
Contractor:		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached			
Authorized Agent: (Person Signing Application on behalf of Owner(s))		PIN: (23 digits)		01820		Recorded Document: (i.e. Property Ownership)			
PROJECT LOCATION		Legal Description: (Use Tax Statement)		04-021-2-44-06-26-2-05-003-2		Volume 639		Page(s) 89	
AC 1/4, NW 1/4		Gov't Lot	3	Lot(s)		Block(s) No.		Subdivision:	
Section 26, Township 44 N, Range 6 W		Town of:		Grand View		Lot Size		Acres 21.564	
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?		If yes---continue →		Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Are Wetlands Present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<input checked="" type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage		If yes---continue →		Distance Structure is from Shoreline: feet			

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( ) X ( )	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( ) X ( )	
	<input type="checkbox"/> with Loft	( ) X ( )	
	<input type="checkbox"/> with a Porch	( ) X ( )	
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch	( ) X ( )	
	<input type="checkbox"/> with a Deck	( ) X ( )	
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	( ) X ( )	
<input checked="" type="checkbox"/> Commercial Use	<input type="checkbox"/> with Attached Garage	( ) X ( )	
	<input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	( ) X ( )	
	<input type="checkbox"/> Mobile Home (manufactured dete)	( ) X ( )	
	<input type="checkbox"/> Addition/Alteration (specify) _____	( ) X ( )	
	<input type="checkbox"/> Accessory Building (specify) _____	( ) X ( )	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	( ) X ( )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) _____	( ) X ( )	
	<input checked="" type="checkbox"/> Conditional Use: (explain) gravel sand pit	( ) X ( )	
	<input type="checkbox"/> Other: (explain) _____	( ) X ( )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property for any reasonable time for the purpose of inspection.

Owner(s): Donald & Barbara Henderson Date 3-22-12  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Rec'd for Issuance \_\_\_\_\_ Attach \_\_\_\_\_  
Address to send permit \_\_\_\_\_ Copy of Tax Statement \_\_\_\_\_  
SEP 26 2012 \_\_\_\_\_ If you recently purchased the property send your Recorded Deed \_\_\_\_\_

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Secretarial Staff

Sketch your Property (regardless of what you are applying for)

- Location of: Proposed Construction  
North (N) on Plot Plan  
Show/Indicate: (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
Show Location of (\*): All Existing Structures on your Property  
(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(5) Show: (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(6) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%  
(7) Show any (\*):

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	8.30' Feet	Setback from the Lake (ordinary high-water mark)	NA' Feet
Setback from the Established Right-of-Way	8.10' Feet	Setback from the River, Stream, Creek	7.90' Feet
		Setback from the Bank or Bluff	NA' Feet
Setback from the North Lot Line	NA' Feet	Setback from Wetland	4.80' Feet
Setback from the South Lot Line	NA' Feet	Setback from 20% Slope Area	NA' Feet
Setback from the West Lot Line	NA' Feet	Elevation of Floodplain	NA' Feet
Setback from the East Lot Line			
Setback to Septic Tank or Holding Tank	NA' Feet	Setback to Well	NA' Feet
Setback to Drain Field	NA' Feet		
Setback to Privy (Portable, Composting)	NA' Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

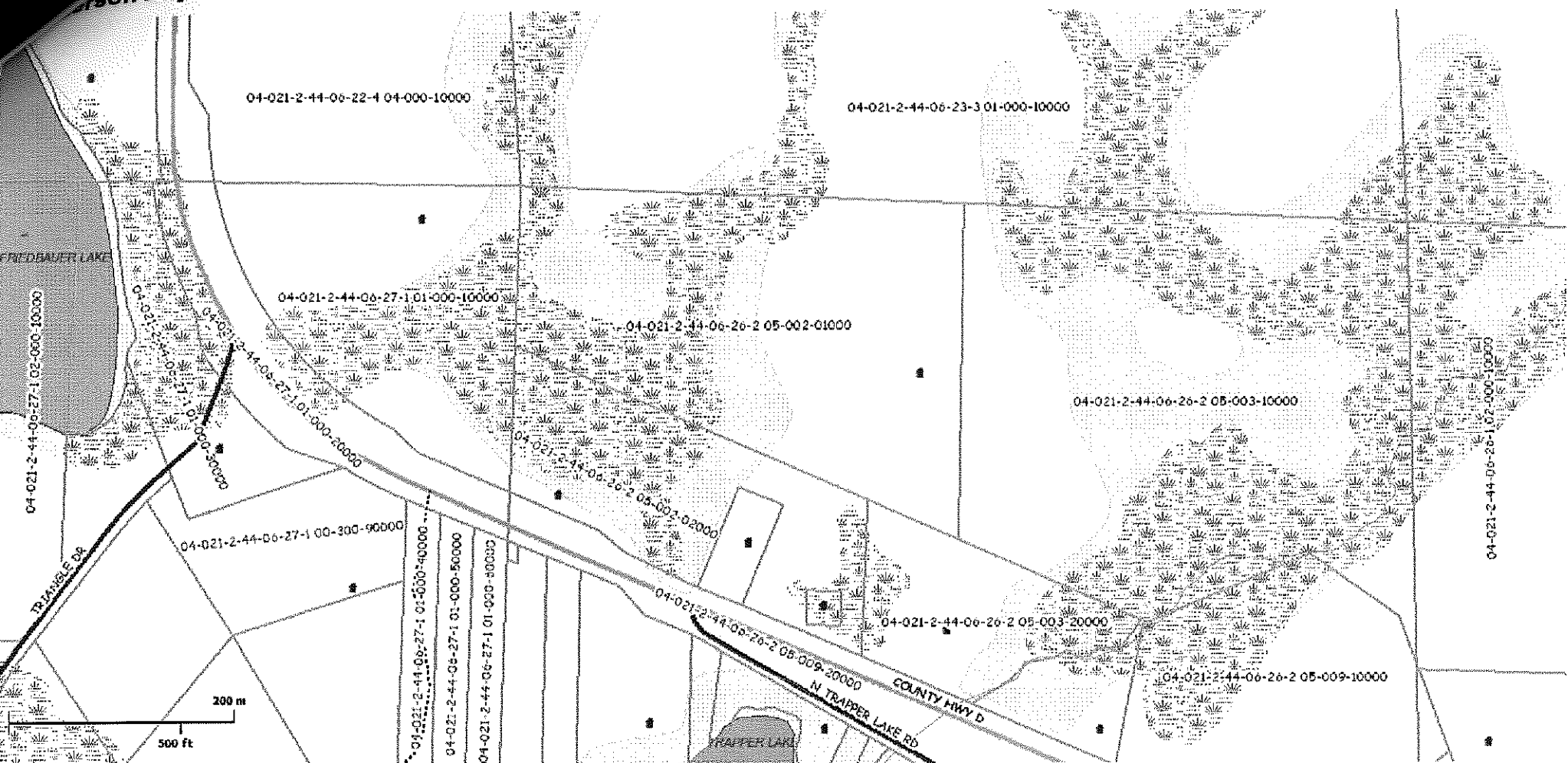
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: None	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: 12-0388	Permit Date: 9-26-12					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.)	Case #:	Previously Granted by Variance (B.O.A.)	Case #:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Inspection Record:						
Fit is existing. Minimal activity.						
Date of Inspection:		Inspected by:		Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)						
See affidavit and 2C meeting minutes.						
Signature of Inspector: Michael Tuttle		Date of Approval: 8-3-12		SENT BY ZONING		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			

# Person Adjoining Property Owners Map



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